

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42864
Reg. 11314

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 104 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2017 North 9th St.				e. STREET ADDRESS (If rural, give location) 2017 North 9th St.			
3. NAME OF DECEASED (Type or Print) Augusta		a. (First)		b. (Middle)		c. (Last) Sommerfruechte	
4. DATE OF DEATH Dec. 31 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 19 1846		9. AGE (In years last birthday) 104		10. MONTHS 104		11. DAYS 104	
12. HOURS 104		13. MIN. 104		14. BIRTHPLACE (State or foreign country) St. Louis, Missouri		15. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. FATHER'S NAME John Spielman		17. MOTHER'S MAIDEN NAME Charlotte Albertsworth		18. NAME OF HUSBAND OR WIFE Christian Sommerfruechte			
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		20. SOCIAL SECURITY NO. -----		21. INFORMANT'S SIGNATURE OR NAME Mr. Emil Sommerfruechte			
22. ADDRESS 2017 North 9th St.		23. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Informant of age ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		24. INTERVAL BETWEEN ONSET AND DEATH			
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION		27. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
28. ACCIDENT SUICIDE HOMICIDE (Specify)		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		30. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
31. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. HOW DID INJURY OCCUR? 794X			
34. I hereby certify that I attended the deceased from July 1945 to 12/31, 1950 that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 P. , from the causes and on the date stated above.							
35. SIGNATURE Dr. P. J. P. P.		36. ADDRESS 2305 N. Thompson		37. DATE SIGNED 1-2-51			
38. BURIAL, CREMATION, REMOVAL (Specify) Burial		39. DATE Jan. 4 1951		40. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		41. LOCATION (City, town, or county) (State) St. Louis, Missouri	
42. DATE REC'D BY LOCAL REG. JAN 3 1951		43. REGISTRAR'S SIGNATURE J. B. P. P.		44. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC.			
45. ADDRESS 1936 St. Louis Ave.							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Max L. Warfel

Licensed Embalmer No. *4170*

P. O. Address *1936 St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.